

Town of Whitestown Department of Building and Planning 6210 Veterans Dr Whitestown, Indiana 46075

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COMMERCIAL/INDUSTRIAL BUILDING: CONSTRUCTION TRAILER PERMIT APPLICATION PACKET

This packet includes details for the documents needed to complete the application process for a construction trailer for a commercial or industrial building.

- Submit application and materials either by
 - E-mail: lbailey@whitestown.in.gov ----Please merge all documents and materials into one single PDF attachment in the order of the submittal checklist (Page 2).
 - In person: See Lauren Bailey in the Building and Planning Department at 6210 Veterans Dr. Whitestown, IN
 - Mail: Send application and materials to the Building and Planning Department at 6210 Veterans Dr. Whitestown, IN
- Applications whose plans are larger than 11"x17" must be submitted entirely in electronic format (email, CD, or jump drive).

A complete application includes:

- Application
- Site Plan

SUBMITTAL CHECKLIST

 Application: Fill out all applicable fields completely.
Parcel Number: Visit the Boone County GIS website
www.boonecounty.in.gov for this 10-digit ID number. Click
"GIS">"AGREE">Search by address or zoom in on the parcel to obtain the
detailed information.
Site Plans: Drawn to scale, exactly where proposed structure is located.

PERMIT FEES AND OTHER FEES

Fees are not paid until the permit has been issued and is ready for pick up.

CONSTRUCTION TRAILER OR SALES OFFICE

\$225 (\$290 with electric)

<u>Failed inspections</u> will be assessed a respective re-inspection fee and must be paid prior to the final inspection or issuance of the Certificate of Occupancy.

Beginning work without securing permits will be assessed a fine of **twice** the calculated permit fee. Fine must be paid before a permit will be issued.

 Questions about inspections or code requirements can be directed to the Whitestown Building Inspector at 317.769.0000

PERMIT APPLICATION	For office use only Permit Number:			
nis application is being submitte Commercial/Industrial Con	Permit Number: EDC Fee: EDC Fee: Fark Impact Fee			
Date Application is Submitted:	Driveway Permit:	Draii	nage Permit #:	Sewer/Water Permit #:
Applicant and Contact Info	rmation	I	I	
Name of applicant:				
Address of applicant (street, city, state, zi	p):			
Contact person for the permit:				
Contact phone:	Contact email:			
Contractor and Contact Info	ormation			
Name of contractor:				
Address of contractor (street, city, state, z	zip):			
ontact person:		Contact phone:		
ocation Information				
Address of location to be improved (stree	t, city, state, zip):			
ıbdivision:		Section #:		Lot #:
Parcel number:				
TOTAL structure area or area of work (sqf	t):			
22.2.2.2.2.3.3.3.3.3.3.3.3.3.3.3.3.3.3.	-1			
Living area:	Garage area:		Other:	
Approximate total construction cost:				
he undersigned represents that such work shal a good workmanlike manner. Should said wor nd of no force or effect whatever. The above in ignature of Applicant:	k not start in good f	aith within 90 days	s, the undersigned un	derstand this application will be v